

Statement of the Problem

Target population selected, services currently available and those lacking in the community, extent of the problem with data and trend analysis, geographic environment, priority as a community concern

The problem to be addressed by this application is that a Baker Act Receiving Facility does not exist in Flagler County, where the population is now more than 100,000. Any Flagler County resident requiring involuntary mental health care must be transported to Volusia County where both Halifax Health and Stewart-Marchman-Act Behavioral Healthcare (SMA) operate Baker Act Receiving Facilities. This approach diverts a substantial amount of law enforcement resources, results in overuse of the Baker Act and relocates local residents to another county where frequently they are discharged within 24 hours with no transportation back to their homes.

The target population is adults in mental health crisis who reside in Flagler County. Flagler law enforcement agencies are typically called when a person is in a mental health crisis and frequently initiate Baker Act proceedings. The Flagler County Sheriff's Office (FCSO) receives the bulk of these calls as it is the law enforcement agency for both the unincorporated areas and the City of Palm Coast, the largest city in the County.

During calendar years 2010 through 2012 the number of annual Baker Acts initiated by the FCSO increased from 259 to 354, a 42 percent increase. From 2010 thru 2012 the FCSO responded to 100 attempted suicide calls and investigated 34 actual suicides. In 2013 the increase is even more pronounced. From January 1, 2013 through November 6, 2013 FCSO initiated 432 Baker Acts and investigated 10 suicides. If this trend continues through the end of the year there will be 509 Baker Act calls, an increase of 44% over the prior year.

Each law enforcement response resulting in a Baker Act involves an average of 2 hours of staff time, ranging from just under 3 hours to over 10 hours. This is the equivalent of reducing available law enforcement in Flagler County by almost 1 deputy each month just to handle Baker Act calls and transporting individuals to Baker Act receiving facilities at Halifax Health and SMA, in Volusia County. The FCSO is an understaffed agency with 1.3 deputies per thousand residents. The International Association of Chiefs of Police recommends 2.5 deputies per 1,000 residents. In some cases, multiple deputies are transporting Baker Act individuals resulting in 2-3 deputies out of the county at any one time.

Another identified problem is the transportation hardships created for residents who are transported out of county for assessment under the Baker Act. Once the person is released from the Baker Act receiving facilities in Volusia County they are responsible for obtaining transportation back to their home. Often this results in a person, walking, hitchhiking, obtaining a taxi or relying on a friend or family member for their return home.

Finally, overutilization of existing Baker Act Receiving Facilities is a problem. As the number of Baker Acts increases, the utilization of beds at the two Volusia based receiving facilities has increased dramatically. 56 days during 2013 all 84 beds (54 at Halifax, 30 at SMA) have been occupied. 22 days this year Halifax Health has opened an additional 10 bed unit when all of its psychiatric beds were filled, as well as all 8 psych beds in its Emergency Room.

The cost of constructing and operating a Baker Act receiving facility in Flagler County would have construction costs in excess of \$1.5 million and annual operating costs in excess of \$1 million. Neither local nor state government currently has construction or operation of a receiving facility in Flagler County under consideration.

This proposal offers a cost effective interim step through the development of a behavioral health **Crisis Triage and Treatment Unit** – henceforth in this application **CTTU**, located in Flagler County and operated by SMA. In addition the proposal seeks to improve the crisis intervention skills of law enforcement and other first responders through ongoing training in the **Crisis Intervention Training** (CIT) model and **Mental Health First Aid** (MHFA).

CJMHSR Reinvestment Grant funding will ensure that the three critical elements of mental health crisis intervention are provided in Flagler County: trained law enforcement officers responding to mental health emergencies, emergency screening to triage and properly refer each emergency, and assertive community treatment to follow each case to ensure that consumers receive on-going behavioral health treatment.

Composition of the Council (i.e., the role of each member as stakeholder, consumer, etc.) demonstrating compliance with s. 394.657(2)(a), F.S.

The **Flagler County Public Safety Coordinating Council** was established in February 2007 pursuant to section 951.26, F.S., with membership expanded to include those individuals required by section 394.657(2)(a), F.S. All required members are seated on the Council including a consumer and a family member of a consumer of mental health services. The membership roster is included as Attachment 1 to this narrative.

Council's activities, including the frequency of meetings for the previous 12 months, future scheduling of meetings; Status of the Strategic Plan, indicating when the plan was last reviewed or updated.

The Council meets monthly. A schedule of meetings during 2013 and the calendar for 2014 is included in Attachment 1. Minutes of the November 2013 meeting are attached to provide an overview of the topics on the Council's agenda. The Council completed a Needs Assessment in 2008 and the Strategic Plan was developed in 2009.

Analysis of the current population of the Flagler County Jail, including behavioral health screening and assessment processes; percentage of jail admissions with behavioral health disorders; contributing factors to jail population trends; data delineating the specific factors that put the Target Population at-risk of entering or re-entering the criminal justice system;

A current snapshot of the population of the Flagler County Detention Facility reveals 30% of the population is diagnosed with mental illness. An additional 34% of the inmates incarcerated have been treated for substance abuse.

All inmates are screened during the booking process by Detention Deputies and asked questions related to mental health treatment and substance abuse history. The Deputies describe the appearance of the individual and if the individual appears to be under the influence of drugs or alcohol. The medical staff follows up within 24 hours reviewing all medical questionnaires completed by the Detention Deputies. The medical staff performs health

assessments on each inmate remaining in custody after first appearance. The inmates are further provided a physical within fourteen days of their arrest. The Flagler County Sheriff's Office contracts with SMA to provide a psychiatric nurse practitioner who visits the jail weekly to evaluate inmates and prescribe to those in need of psychotropic medication. The nurse practitioner is also available via telephone and email to address inmate needs throughout the week.

Contributing factors that lead to the mentally ill entering the Detention Facility can be attributed to a lack of local resources and follow up services. The current Baker Act receiving facility is located in Volusia County causing mentally ill persons to be transported to another county for stabilization and treatment. Once stabilized the community lacks the ability to provide follow up counseling and medication management for the mentally ill. The County lacks supportive services such as housing, clothing and assistance with social security filings. Individuals often are released from the receiving facilities without case management services causing them to come to the attention of law enforcement for criminal offenses or to return to the receiving facility via a law enforcement Baker Act.

The number of individuals admitted to a forensic state mental health treatment facility in the past year; and projected impact this grant would have on reducing admissions in the next three years.

SMA is responsible for community monitoring of those who are placed in a forensic mental health treatment facility. A review of forensic state hospital admissions indicates there were 2 from Flagler in the past fiscal year. One admission was for a hostile, delusional client who adamantly refused treatment so it would be highly unlikely that he could have been diverted. The other admission was a woman who might have been diverted with the provision of housing and intensive case management. We currently have 6 Flagler clients open to forensics: 4 are hospitalized and 2 are on conditional release. Although the Flagler numbers are small they include two high-profile murder cases. The impact this grant would have on reducing admissions is unclear, however we can assume improved crisis and follow up psychiatric services to civil commitments prevents escalation to criminal circumstances that would engage severely mentally ill individuals from committing criminal acts leading to placement in forensic mental health services.

Project Design and Implementation

In response to the problems outlined in the prior section, Flagler County proposes to utilize CJMHSA Reinvestment Grant funds to partner with SMA in the creation of a Crisis Triage and Treatment Unit (CTTU). The CTTU will provide Flagler County based Screening, Transportation and Continuing Care to individuals who are committed to treatment under the Baker Act by Flagler County law enforcement agencies.

A four month planning period provided in year one of grant operations will be used to determine the most efficient placement and utilization of screening, transportation and continuing care resources.

Service location options for crisis screening and the transportation hub include SMA's Vince Carter Sanctuary campus at 301 Justice Lane in Bunnell, FL, and the Flagler County Sheriff's Office. This unit, to be staffed from noon to midnight daily by appropriately credentialed clinical

and transport staff, will serve as a Flagler County based location where law enforcement can transport individuals in mental health crisis under protective custody. Once transported to the service location, SMA staff funded by this grant will assess and determine the appropriate clinical disposition. If a Baker Act is initiated either by law enforcement or by clinical staff the individual will be transported by SMA staff to the appropriate Baker Act receiving facility in Volusia County.

In addition SMA will enhance the frequency and intensity of training to law enforcement agencies (Flagler County Sheriff's Office, Bunnell Police Department and Flagler Beach Police Department) and the community of CIT and MHFA, two evidence based approaches designed to improve appropriate response to individuals with behavioral illnesses by law enforcement and the general public. It is noteworthy that during a 2012 encounter with armed mentally ill individual, law enforcement shot and killed the individual who was threatening deputies. This intense training seeks to avoid a similar recurrence of this type of tragedy.

Project goals, strategies, milestones, and key activities toward meeting the objectives outlined in Section II.C. Applicants must propose at least one objective and tasks in addition to those specified in the RFA;

Flagler County will achieve the Objectives outlined in Section II.C of the Request for Applications. In addition the County will achieve additional objectives specific to this project.

Objective 1: Create a Centralized Coordination Project within eight months of the execution of the MOU.

Goals: (1) A CTTU is operational serving Flagler County no later than May 1, 2014; (2) Individuals requiring admission to a Baker Act receiving facility in Volusia County will be transported to the receiving facility by CTTU staff. (3) Upon discharge from a Baker Act receiving facility individuals will be transported and linked with continuing mental health services in Flagler County by CTTU staff (4) Individuals will be monitored by CTTU staff for a period of one year.

Task: Establish a MOU with all participating law enforcement agencies (city, county, local municipalities) outlining the transportation plan, roles and responsibilities of each party.

Milestone – MOU in effect by April 1, 2014.

Task: Establish an MOU with the Volusia/Flagler Coalition for the Homeless outlining planning strategies and available housing alternatives (e.g. low demand, veterans, transitional, permanent, etc.) in the community.

Milestone – MOU in effect by May 1, 2014.

Task: Hire and train relevant staff, including peer specialists for adult services or self-help recovery-oriented supports. Establish a collaborative relationship between the CTTU and law enforcement, judicial personnel, families, and consumers of behavioral health services, and behavioral health providers.

Milestone – CTTU hiring, training, relationships established by May 1, 2014. Ongoing collaborative relationship maintained through daily activities and by the oversight of the Public Safety Coordinating Council.

Objective 2: Assure that individuals and entities who will be working with the Target Population are adequately trained in identifying or delivering recovery-oriented services.

Task: Train law enforcement and other community partners including 211/911 dispatchers, jail personnel in the principles of CIT.

Milestone – CIT 40 hour core training conducted semi-annually for all Flagler County law enforcement agencies beginning March 2014. CIT updates and specialized 4 and 8 hour trainings for previously trained officers provided semi-annually.

Task: Engage families and other natural supports to reduce the likelihood of subsequent crises.

Milestones – (1) MHFA Course presented with open enrollment to the community quarterly. (2) Engage Volusia/Flagler/St. Johns Chapter of the National Alliance on Mental Illness (NAMI) to ensure that families are aware of Baker Act Screening services. (3) Flagler County print and electronic media publish articles or report on Baker Act Screening Services at least 4 times annually.

Objective 3: Increase access to mental health or substance abuse treatment or prevention services for program participants identified as the Target Population.

Task: Create an information system for identifying those individuals who receive CTTU services and how they will be followed for at least one year.

Milestone - SMA's electronic health record will be updated to include the CTTU as a distinct reporting unit.

Task: Work with the agencies involved in the CTTU Project to assure that individuals are receiving coordinated substance abuse and mental health services, identifying the nature and extent of those services and payer sources.

Milestone – SMA's compliance department will conduct ongoing internal auditing of the Crisis Triage reporting unit, measuring its effectiveness in providing continuing behavioral health services to its target population for one year.

Objective 4: Increase public safety by reducing the number of arrests for the Target Population of individuals in mental health crisis.

Task: Demonstrate that there is an active and updated Strategic Plan for the CTTU and that the Public Safety Coordinating Council meets on a regular basis to implement elements of the plan.

Milestones - (1) Strategic plan for mental health jail diversion programming is updated to include the CTTU no later than March 1, 2014. (2) CJMHS Grant activities and achievement of program objectives will be a standing Public Safety Coordinating Council agenda item throughout the grant period.

Task: Provide individuals with interventions associated with reduced criminal justice recidivism in the Target Population.

Milestone - Ensure that all individuals referred to the CTTU are provided with one or more from the following menu of services for a period of one year: Psychiatric assessment, medication management, individual and or group therapy, assertive community treatment or case management

Task: Have available, directly or by agreement, a system to track arrests of individuals prior and subsequent to their involvement with the CTTU for at least one year.

Milestone - Program staff will collect and report data comparing the following data elements in the one year period prior to involvement with the CTTU and the one year period subsequent to their involvement: Arrests, days incarcerated, days hospitalized in a Baker Act receiving facility or state Psychiatric Hospital, days homeless and days living independently or in supported housing.

Objective 5: The CTTU will divert 75 individuals in a mental health crisis from arrest or placement in a crisis stabilization unit during year 1; 100 individuals during year 2; and 120

individuals during year 3. Ensure that 75% or more of these individuals are monitored for a one year period following diversion:

Task: Provide ongoing Crisis Intervention Training to the FCSO and other county law enforcement agencies and Mental Health First Aid training to citizens.

Milestone – (1) CIT 40 hour core training conducted semi-annually for all Flagler County law enforcement agencies beginning March 2014. CIT updates and specialized 4 and 8 hour trainings for previously trained officers provided semi-annually. (2) Mental Health First Aid Course presented with open enrollment to the community quarterly.

Task: Establish and operate a Crisis Screening Unit in the county where individuals in crisis can be screened and referred.

Milestone - The CTTU is operational serving Flagler County no later than May 1, 2014.

Task: Provide transportation to and from the CTTU. Provide transportation to and from Crisis Stabilization Units. Provide case management and coordinate ongoing behavioral health services to the population that is diverted.

Milestones – (1) Individuals requiring admission to a Baker Act Receiving Facility will be transported to the Receiving Facility from the CTTU. (2) Upon discharge from a Baker Act Receiving Facility individuals will be transported and linked with continuing mental health services in Flagler County by CTTU staff.

Agency responsible for each task/activity necessary to accomplish objectives;

The key activities associated with the achievement of grant objectives include:

- Mental Health Crisis intervention in the community provided by the county's three law enforcement agencies - FCSO, Bunnell PD and Flagler Beach PD.
- The CTTU, operated by SMA, will serve as the in County receiving center for Baker Acts initiated by law enforcement.
- The CTTU will provide transportation to and from Baker Act Receiving Facilities.
- Community based behavioral health services will be provided by SMA and by other local providers.
- On-going training of law enforcement and citizen first responders will be provided by the FCSO and SMA. FCSO and SMA will collaborate in the presentation of CIT for law enforcement. SMA will present MHFA to citizen first responders.
- Oversight of inter-agency activities will be provided by the Flagler County Public Safety Coordinating Council

Key stakeholders and partners and their role in accomplishing project objectives;

The key stakeholders and partners in this proposal are the Flagler County Public Safety Coordinating Council, the Flagler County Sheriff's Office and Stewart-Marchman-Act Behavioral Healthcare.

The PSCC's role is to ensure that project activities are planned and implemented in a coordinated and efficient fashion by FCSO, SMA and other key stakeholders. The participation of the judiciary, state attorney, public defender, workforce development, probation, housing, and others on the PSCC provides a forum for planning and monitoring.

FCSO's role is to lead Flagler law enforcement efforts to constantly improve the quality of their response to mental health crisis situations through ongoing training. Law enforcement as the first responder has tremendous responsibility to protect the lives of all involved. The use of the

Baker Act indicates that a person is at risk to harm themselves or others due to mental illness. Law enforcement first responders must have the knowledge, training and experience to quickly assess and determine the appropriate response. CIT training will assist officers in how to respond, including those situations in which the use of the Screening Unit needs to be bypassed in the interest of immediately getting the person to the nearest Crisis Stabilization Unit.

SMA's responsibility is to be a strong partner to law enforcement. In order for the CTTU to be effective in achieving its objectives, law enforcement agencies must be certain that when they take a person to the proposed CTTU that the person will be appropriately assessed, linked to mental health services, provided transportation and be subsequently monitored for continuing participation in behavioral healthcare. The purpose of the CTTU is to both reduce the number of Baker Acts initiated in Flagler County and to increase the number of persons who are receiving ongoing care for their mental illness. A CTTU which is effectively linking people to continuing services will eliminate repeat calls for service.

Two other critical partners in the planning of CTTU operations are Florida Hospital Flagler and Halifax Health. FHF receives patients who require medical stabilization, but also require mental health stabilization. Halifax Health, a private Baker Act Receiving Facility, currently receives the bulk of Baker Act referrals from Flagler County because it is the closest Baker Act Receiving Facility to Flagler County. Both hospitals have provided letters of support indicating their willingness to participate in the planning of the CTTU.

How the PSCC will participate and remain involved in Program implementation

As noted earlier, the PSCC will be convener of planning meetings during year one. Reinvestment Grant activities will be a standing agenda item for the PSCC over the life of the grant. Project objectives and milestones will be reported to and monitored closely by the PSCC. In addition, an annual report will be made to the Flagler County Board of County Commissioners regarding program implementation and outcomes.

How the partners involved will communicate throughout the lifetime of the project, detailing the frequency of planned meetings, and the decision making process to ensure successful implementation.

The monthly meetings of the PSCC will be one forum in which project activities are reviewed. In addition meetings of the key stakeholders – FCSO and SMA - will occur weekly during the project start-up phase beginning in January 2014, continuing through project implementation in April 2014. Subsequently the two organizations will meet at least once monthly. The principals in this meeting will include, but not be limited to, the CTTU Director, Flagler County Undersheriff, Flagler County Detention Facility Director, and Baker Act Receiving Facility representatives from both SMA and Halifax Health.

This project has the full attention of management at both FCSO and SMA because of the large volume of Baker Acts currently originating in Flagler County and because of the overutilization of Baker Act Receiving Facilities and readmission of patients. Developing a better approach to mental health crises has real value to both organizations and the community. The FCSO and SMA have a history of strong collaboration on mental health issues. In 2010 County Government, FCSO and SMA collaborated on a CJSAMH Reinvestment Grant that resulted in the program known as Mental Health Jail Diversion (MHJD). This program, which is now

supported with County funding, provided the mechanism for rapid disposition of cases involving persons with severe mental illness who were arrested for petty or non-violent crimes, diverting them from criminal processing and into assertive community treatment at SMA. The work of the MHJD program will be a complimentary project to the CTTU.

Plan to Implement the Project Design

The plan to screen potential participants and conduct tailored, validated needs-based assessments, including criteria to be used, specific screening tool(s); validity of the tool(s), and the history of the tool(s) in screening the target population.

Both law enforcement first responders and the CTTU must be able to screen persons in mental health crisis quickly and thoroughly in order to obtain baselines on the following criteria:

- Imminent danger to self or others.
- Current and history of mental health status/impairment.
- Current substance abuse with respect to demonstrated potential of self-harm/harm to others.
- Need for immediate placement into a Baker Act receiving facility.
- Safety for return to home, shelter, or refuge.
- Natural supports of (family, friends, pastor, neighbor, sponsor, social contacts).
- If an individual's needs can be safely met without an inpatient admission.
- Individual's willingness to participate and utilize community resources including outpatient services, treatment location, and time preference.

For suicide screening the CTTU will utilize the Columbia- Suicide Severity Rating Scale (C-SSRS) an evidence based screening tool developed by multiple institutions, including Columbia University, with NIMH support that has predicted suicide attempts—one of the foremost national priorities for prevention.

Key elements regarding the C-SSRS include:

- Demonstrated ability to predict suicide attempts in suicidal and non-suicidal individuals.
- Field-use ready; mental health training not required to administer
- Gathers key data to help direct limited resources to persons most in need.
- Track record of many millions of administrations.
- Electronic self-report is available and widely used (e-CSSRS)

The C-SSRS is used extensively in primary care, clinical practice, surveillance, research, and institutional settings. The CSSRS is a reliable and valid risk assessment likely to reduce unnecessary hospitalizations, so that limited resources may be targeted to those who most need them.

The CTTU will also utilize the Emergency Screening Psychiatric Evaluation and Disposition tool and a clinical interview to determine if the individual continues to meet Baker Act criteria, and/or lift the Baker Act and link the to appropriate services. The most important function of triage is to quickly and accurately assess the individual's potential danger to self or others.

For the clinical interview the CTTU will utilize the behavioral health screening bundle that is embedded in SMA's electronic medical record. The bundle includes a history of previous

episodes of care at SMA including assessments, treatment plans and discharge summaries. The bundle documents the presenting problem, obtains a psychiatric history, current mental status, and provides a current diagnosis. Suicide, homicide and potential for violence are assessed during the mental status examination.

Strategies law enforcement will utilize to identify and respond to incidents involving mentally ill offenders, including the number of individuals to be screened and enrolled in the Program

Law enforcement will utilize the CIT model, an evidence based law enforcement response designed for first responders who handle crisis calls involving people with mental illness. CIT emphasizes partnership and collaboration among law enforcement, behavioral health providers, mental health advocacy groups, consumers of behavioral health services and their families. Through training and collaboration between law enforcement and behavioral health providers CIT:

- Improves access to mental health/substance abuse treatment in general and crisis care in specific for people who are encountered by law enforcement
- Ensures appropriate assessment and diversion to emergency screening unit and/or respective community agency.
- Diverts people with a mental illness who are in crisis from the criminal justice system whenever possible.
- Reduces over-utilization of and readmissions under the Baker Act.

Florida's existing CIT Coalition was established in 2004. SMA was a founding member and has been providing CIT training in Volusia and Flagler counties for the past 10 years. In this proposal we intend to take CIT to "the next level" in Flagler County through inclusion of the CTTU as part of the Crisis Intervention Team.

CIT was developed around a set of core elements, designed to make law enforcement response to those in crisis with a mental illness optimally effective. Core Elements include:

- Using a Generalist/Specialist model
- CIT Officer selection post training
- Adequate coverage per agency
- Committed CIT Coordinator
- Community representation
- Established policies/procedures
- An abbreviated form of CIT training/awareness is provided to dispatch call takers so they are knowledgeable about the CIT program and able to identify probable mental illness and co-occurring substance use disorder crisis calls.
- Periodic refresher trainings, updates, reviews, etc. via meetings, training circulars, conferences, etc. be made available to CIT officers. This occurs at least on an annual basis and focuses on issues related to dealing with persons with mental illness in crisis.

The training core elements emphasize understanding of mental illnesses, including substance use disorders and how it affects a person's life, the development of communication skills, practical experience and role-playing. Also officers are exposed to mental health professionals, consumers and family members both in the classroom and in the field during site visits. This intensive training attempts to provide a common base of knowledge about mental illness and give the officers a basic foundation from which to build.

Outcome research has shown CIT to be effective in developing positive perceptions and increased confidence among police officers; providing very efficient crisis response times; increasing jail diversion among those with mental illness; improving the likelihood of treatment continuity with community based providers; and impacting psychiatric symptomatology for those suffering from a serious mental illness as well as substance abuse disorders. This was all accomplished while significantly decreasing police officer injury rates.

In addition to CIT, SMA and FCSO will partner in community presentations of MHFA, a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. MFHA is managed, operated, and disseminated by the National Council for Community Mental Health.

MHFA is offered in the form of an interactive 8-hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Those who take the 8-hour course to certify as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

MHFA has a strong evidence base. Four detailed studies have been completed and nearly a dozen journal articles published on MHFA impact on the public. One trial of 301 randomized participants found those who trained in MHFA have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes.

How mental health and co-occurring substance abuse treatment services will be made available to participants;

Planning activities for the CTTU will include design of clinical interventions to determine the appropriate intensity of mental health and co-occurring substance treatment needed immediately for each patient. As preliminarily envisioned, upon arrival at SMA's Emergency Screening unit, a Brief Emergency Screening Psychiatric Evaluation will be conducted followed by a clinical interview with a psychiatrist to determine if crisis stabilization of the client is necessary.

If the client is not in need of crisis stabilization, or when stabilization is complete, the psychiatrist will lift the Baker Act and discharge planning staff will link the individual with continuing services. The individual would then be transported either to SMA's Flagler County Outpatient Clinic or to their home with an appointment scheduled for the next business day.

Services provided to stabilized individuals at the Flagler County Outpatient Clinic are proposed to include: intensive case management, individual counseling, group therapy, substance abuse detoxification, and medication management. When appropriate, individuals could be linked to residential behavioral health treatment program offered by SMA, Haven Recovery Center and other regional providers. A life skills coach would also be utilized for support and role modeling. Intensive case management could include home visits to assess the person in their own environment.

The clinical models proposed to be provided are Comprehensive Community Support for persons with severe mental illness and the Assertive Community Treatment model for person with severe mental illness. Both are fundamental evidence based practices designed to support the ongoing recovery of persons with severe mental illness who are living in the community.

How ancillary social services, such as supportive housing and employment training, will be coordinated and accessed;

When stabilized the client's case manager will complete an assessment with the client to determine needs and preferences. After the assessment is complete, an individualized treatment plan will be developed with the assistance of the client. The overall goal of the case manager is to provide the support, tools and coordination necessary for the client to develop/maintain a healthy, self-sufficient and productive life.

Case managers will assist clients with appointments and services. Many of the individuals utilizing these services will either be indigent or low income. The case managers will assist clients in obtaining identification, birth certificates, and Social Security cards. If appropriate, the case manager will aid in the application process for SSI, SSDI, and/or food stamps. Dependent on the needs of the client the case manager will assist the client in finding housing through relatives, shelters, or organizations like Haven Recovery Center, Volusia/Flagler County Coalition for the Homeless and the Flagler chapter of the National Alliance on Mental Illness. Vocational skills and employment training will be provided through SMA's sheltered workshop and vocational training programs, and by referral to the One Stop Career Centers operated by the Center for Business Excellence. Client linkage and transport with these programs will be assisted by CTTU Case Managers. Transportation will be provided by CTTU staff when necessary. Case managers will advocate for clients to either obtain a monthly bus pass or develop a support network to assist with transportation.

How law enforcement will assess current practices, capacity, and how they intend to implement or expand arrest diversion opportunities (e.g., processes, training, etc.)

FCSO and other local law enforcement agencies will assess current practices and training with industry best practices and then implement training improvement for first responders. The training will focus on improved initial on-scene assessment criteria and improved coordination with program participants and case managers to divert from readmission or criminal arrest where immediate out-patient intervention can be provided locally. There will be a coordinated response between CTTU staff and law enforcement for early identification of citizens suffering from mental illness to be linked with case managers prior to a crisis situation.

Capability and Experience

Capability and experience of the Applicant and other participating organizations, including law enforcement agencies, to meet the objectives detailed in this RFA

Flagler County government, supported by the FCSO and SMA, has significant capability and experience to carry out the objectives outlined in this proposal. In 2010 Flagler County applied for, and received a CJMHSA Reinvestment grant to implement Mental Health Jail Diversion an intervention program that targeted persons with severe mental illness with a significant history or incarceration and inpatient hospitalizations for diversion out of the criminal justice system at the

time of or immediately subsequent to arrest.

Those diverted from the justice system were directed into an assertive community treatment program operated by SMA. The resulting program was so successful that it was approved for funding directly by Flagler County when its three years of support from the Reinvestment Grant was concluded. Included as Attachment B is a study of the more than \$120,000 annual correctional, hospital and community cost offsets realized as a result of MHJD.

SMA, a non-profit organization, is the largest provider of behavioral health services in Volusia, Flagler, Putnam, and St. Johns Counties. With over 50 years of experience in the industry, SMA has continued to be a leader in the field with the integration of mental health, substance abuse, and co-occurring treatment. SMA offers a full continuum of services from screening, crisis stabilization and detoxification, residential, outpatient, prevention and intervention, case management, medication management, a full on-site pharmacy, and a 24/7 Access Center and Suicide Hotline.

At this point in our planning, SMA would be the sub-recipient of funds, tasked with carrying out the functions of the CTTU. SMA's mission is "to deliver exceptional and comprehensive behavioral healthcare to individuals and families in our community". That mission is implemented by multiple collaborative activities with local governments, law enforcement and healthcare providers in Volusia, Flagler, Putnam and St. Johns Counties. SMA participates in and provides leadership roles in organizations including the Florida Alcohol and Drug Abuse Association, the Florida Council on Community Mental Health, and Behavioral Health Consortiums, and Public Safety Coordinating Councils in each of the four counties in its service area. SMA sets high standards for services and operations as evidenced by its accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF).

Proposed collaboration structure and how it will ensure successful implementation

Flagler County Government intends to build upon the success of Mental Health Jail Diversion (MHJD) with the new services described in this proposal. The role and responsibility of Sonny Donaldson, MSW, LCSW, SMA's MHJD Program Director, will be expanded to include leadership of the CTTU. In this role Mr. Donaldson will utilize his current relationships with law enforcement, the courts and human service providers. Mr. Donaldson will lead the work of an integrated team at SMA responsible for working with both civil and criminal cases involving persons with mental illness. The case management work of mental health jail diversion will be expanded to meet the increased caseload associated with civil cases managed by the CTTU.

Undersheriff Rick Staly, M.S., FBINA, ABLEE, CHS-V will lead the efforts of the FCSO and function as the liaison with the two other Flagler County law enforcement agencies. Undersheriff Staly spent many years working for Orange County where he was integrally involved in the development of that county's central receiving center for mental health emergencies. Upon his appointment as Undersheriff of Flagler County he immediately identified the need for improved and expanded mental health services in Flagler County and the significant impact the lack of local services was having on the FCSO.

Sini Summerlin is SMA's CIT and MHFA trainer. She has more than a decade of experience in training the CIT model to law enforcement officers in Volusia and Flagler County. She has been teaching MHFA for the past three years and was one of the first 50 trainers nationally to be

certified as an instructor in that model.

These three individuals will be the core collaborators responsible for the implementation of new CIT and MHFA training and the CTTU. As noted throughout this proposal, the Public Safety Coordinating Council will monthly review the work of this core team in the planning and implementation of the stated goals of this project.

Availability of resources for the proposed project (e.g., facilities, equipment, etc.)

Potential sites for the CTTU to be located initially include SMA's Flagler County Outpatient Clinic, located on its Vince Carter Sanctuary campus in Bunnell, FL or at a Flagler County Sheriff's Office location. We are working with the FCSO to later house the Unit in the new FCSO's Operations Center when that facility comes on line in 2015. We will be required to purchase vehicles to utilize in this project with grant funds as transportation is key to the project design.

Anticipated role of consumers, advocates, and family members, and responsible partners

We anticipate that more than 100 advocates, family members and responsible partners will be trained annually in Mental Health First Aid over the life of the grant. We intend to employ behavioral health consumers as peer specialists who will assist in screening and transportation of those individuals seen at the CTTU.

Proposed staff, including Project Director, key personnel, and subcontractors who will participate in the project, showing the role of each and their level of effort and qualifications. Briefly discuss the responsibilities of each participating organization (e.g., treatment or prevention) and how the Applicant proposes to fill staff positions and select subcontractors.

SMA Behavioral Healthcare will be the sole sub-contractor for this project. SMA is selected because of the County's successful collaboration with SMA on the Mental Health Jail Diversion project that was also supported by CJMHPA Reinvestment grant funds.

Current discussion regarding staffing for the CTTU to be operated by SMA include the following staff:

- 1 licensed social worker or mental health counselor serving as program director.
- 1 licensed social worker or mental health counselor
- 1 Psychiatric Nurse Practitioner
- 1 Licensed Practical Nurse
- 1 Lifeskills Coach
- 3 case managers
- 4 Behavioral Health Technicians

A staffing pattern showing how coverage will be provided from 8 a.m. – midnight Monday Through Friday and noon-midnight on Saturday and Sunday is included in the attached program plan.

Evaluation and Sustainability

Description of how effectiveness will be measured, including assessments of the outcomes;

how variables like stakeholder support and service coordination will be defined and measured; the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness in promoting public safety; reduction of recidivism; and access to services for the Target Population.

Effectiveness will be measured through the development of a set of process and outcome measures tied to the project objectives outlined earlier in this application. For example, note the stated objective of 75 Baker Act diversions in year 1, 100 in year 2 and 120 in year 3. Staff in SMA's performance improvement department will review program records, determine the number of diversions and report their findings monthly. Similar review will be conducted of the frequency and attendance at CIT and MHFA training. Data will be reported to the Public Safety Coordinating Council quarterly and an Annual Report will be presented to both the PSCC and the Flagler County Commission.

Variables like stakeholder support and service coordination are less objective. For these elements stakeholder surveys will be developed designed to elicit the degree of stakeholder satisfaction with program activities and seek out stakeholders' impressions of the projects strengths and weaknesses. This information will be presented to the core program collaborators as well as the PSCC for use in continuous quality improvement.

We believe the implementation of this project will reduce the use of the Baker Act as a mechanism for engaging the target population in behavioral health services. For this reason we will measure Baker Act utilization and related indicators among Flagler residents pre and post program implementation. Our hypothesis is that a successful program will have the following outcomes following its implementation – a reduction in mental health crisis calls by County residents, an increase in the number of people voluntarily seeking services for mental health emergencies, a reduction in the number of suicides among county residents. We also expect to measure an increase in quality of life measures among those receiving CTTU services, including reduced hospitalization, incarceration, and homelessness.

Proposed percentages for each of the core set of performance measures

Through the implementation of a CTTU combined with enhanced Crisis Intervention and Mental Health First Aid training in Flagler County, we propose the following performance measures:

- 85% of those clients referred to the CTU under a Baker Act will not again be referred under a Baker Act in the succeeding 12 month period.
- 75% reduction in the total number of arrests among program participants in the one year period post program admission compared to the one year period prior to program admission.
- 90% of program participants will report that they have received increased access to comprehensive community based behavioral health services in the one year period post program admission compared to the one year prior to program admission.
- 80% of those program participants who were not residing in stable housing as the time of program admission will report living in stable housing one year following program admission.
- 100% of program participants who were eligible for social security or other benefits but not receiving them at time of program admission will report that they have been linked to those benefits within 6 months of admission.

Proposed target numbers for each of the service units to be achieved over the life of the MOU

The number of persons in mental health crisis to be served over the life of the MOU is 180 in year 1; 300 in year 2 and 300 in year 3. The number of law enforcement officers to be trained in initial or refresher CIT is 100 each year. The number of citizens to be trained in Mental Health First Aid is 100 each year. The percentage reduction in the number of individuals judicially committed to a state forensic mental health treatment facility is unknown and potentially beyond the scope of the interventions associated with this proposal.

Proposed strategies that the Applicant intends to use to preserve and enhance its community mental health and substance abuse systems and promote sustainability, including how sustainability methods will be used and evaluated (i.e. how collaborative partnerships and funding will be leveraged to build long-term support and resources to sustain services when the MOU ends)

As noted earlier, the collaborative relationships developed over the 3 year life of Flagler County's CJMHSA Reinvestment grant that funded our Mental Health Jail Diversion program resulted in the Public Safety Coordinating Council recommending and the Flagler County Commission approving continued funding for that project.

We believe the reason that project was sustained with county funding was because of the close oversight of the project by the PSCC and ongoing reporting to the County Commission. The County will approach this new grant, if awarded, in the same way.

At the same time the County will review it's PSCC strategic plan to determine if there are additional actions the County should be taking to seek new sources of community mental health and substance abuse funding. It has been more than a decade since the State of Florida has approved any new capital or operating funds to support community mental health activities. In preparing our Legislative Budget Request beginning in 2015 we will consider a request for new state funding to support the increased demand for mental health services in our community.

One other new source of sustainability will come from additional health insurance funding and new federal regulations recently implemented that assure the treatment of mental illness is covered under healthcare plans likes any other illness. We are encouraged expanded healthcare coverage and parity for behavioral health illnesses will increase the availability of mental health services in Flagler County.

The methodology to be used in identifying a target percentage of 80 percent of Program participants, or the parents if the Target Population is youth, who are eligible for SSI/SSDI using the SSI/SSDI Outreach, Access, and Recovery (SOAR) program.

SMA staff have been trained in the SOAR model and will utilize this approach in achieving our goal of having 100% of program participants obtain benefits for which they may be entitled, but are not receiving.

The anticipated impact of the proposed efforts to increase public safety and the fiscal impact of the Program on the criminal or juvenile justice system in the county

Enhanced CIT training for law enforcement, Mental Health First Aid training for citizens and a CTTU for accessing emergency mental health services are all efforts designed to increase public safety in Flagler County. Each are preventative approaches, so there is inherent difficulty in proving that training activities will result in a reduction in suicides and other behavioral health emergencies. However, tracking the improved outcomes of persons who are served by the CTTU should clearly demonstrate that this group of persons are more engaged in mental health treatment and less involved in the criminal justice system. Our earlier CJMHSR Reinvestment program demonstrated a greater than 1:1 return on investment in terms of reduced jail, state hospital and local CSU utilization costs. We expect to see a similar return from this project.